

Exploring the Incidence of Unplanned Perioperative Hypothermia (UPH) in the Ambulatory Surgical Population

Vallire D. Hooper PhD, RN, CPAN, FAAN
Sheri Denslow PhD, MPH
Mission Health System
Asheville, NC

This project was funded by a grant from the ANF in partnership with AORN

Special Thank You!

 To Sheila Tucker for all of your help with data abstraction and management!





Problem

- Unplanned perioperative hypothermia (UPH) (core temperature < 36° C) may occur in 20% to 40% of inpatient surgeries
- Associated with numerous adverse outcomes, including a 68% increase in the incidence of surgical site infection (SSI)
- Outpatient surgeries account for 75% of all procedures
- Incidence of UPH in the ambulatory surgical population has not been elucidated



Purpose

- The purpose of this study was to describe the incidence of UPH in the ambulatory surgery population in a large regional-referral healthcare setting
- Specific Aims:
 - Determine the incidence of UPH in the ambulatory surgical population
 - Determine the relationship of preoperative and intraoperative warming interventions to the development of UPH in the ambulatory surgical population



Methodology

- Retrospective exploratory design using electronic medical record abstraction
- Sample
 - Purposeful convenience sample of all adult ambulatory surgical procedures over a 1 year period
- Independent variables
 - Risk factors & confounding variables associated with the development of UPH
- Dependent variables
 - Postoperative patient temperature and incidence of UPH



Results: Sample Demographics

- N = 6521 charts
- Mean age: 53.9 (<u>+</u> 16.7)
- Gender
 - 39.2% male
 - 60.8% female

- Ethnicity
 - 86.6 % white
 - 4.0 % black
 - 1.0% Latino
 - 8.3 % other/unspecified



Results: Procedure/Patient

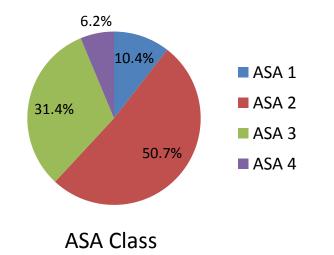
Mean BMI: 29.0 (<u>+</u> 7.1)

Mean OR time: 74.8 min (<u>+</u> 32.9)

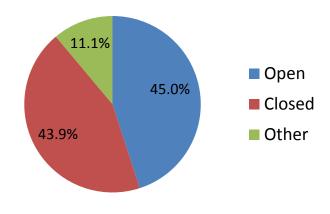
• Mean surgical time: 45.1 min (<u>+</u> 28.9)



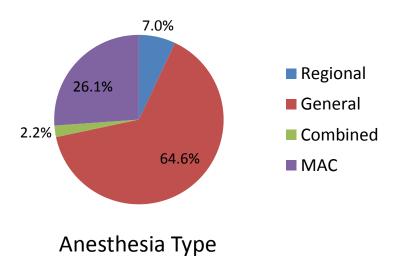


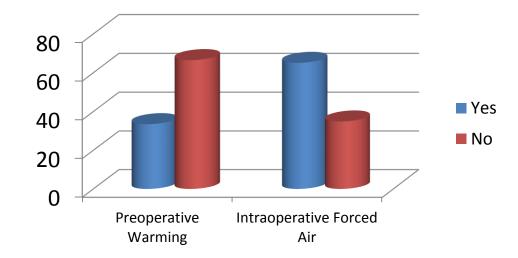


Results



Type Procedure







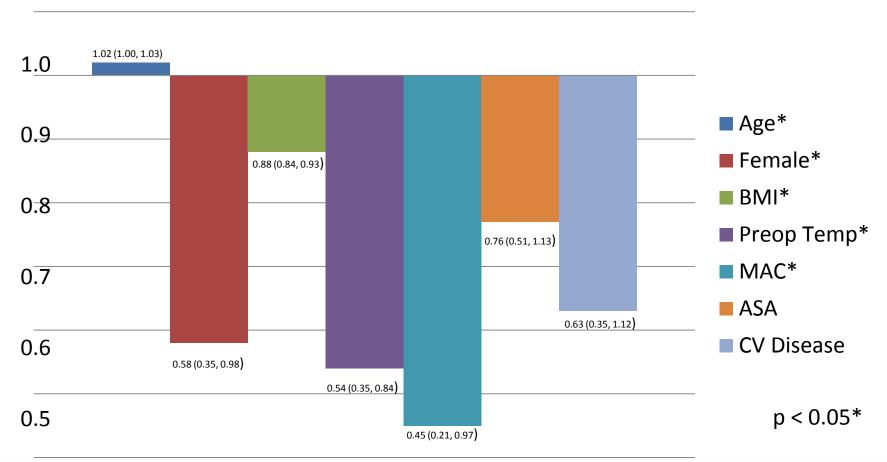
Outcome Measures

- Mean temperatures
 - Preoperative: 98.1° F (± 0.5)
 - First postop: 97.9° F (± 0.6)
- Incidence of UPH: 1.0%
- Confounding variables examined: Preop temp, procedure type, anesthesia type, OR & surgery time, warming measures, comorbidities (arterial & cardiovascular disease, diabetes, coagulopathies)



Odds of Developing UPH







Discussion

- Incidence of UPH in the ambulatory surgical population is much lower than previously reported for inpatient surgeries
- Previous risk factors of increased age & lower BMI supported
- Female gender shown to be protective
- Higher preoperative temperature shown to be protective
 - Supportive of preoperative warming



References

- AHRQ. (2009). Special emphasis notice (SEN): AHRQ announces interest in research on health care associated infections. Retrieved October 10, 2010, from http://grants.nih.gov/grants/guide/notice-files/NOT-HS-10-007.html
- Barie, P. S. (2010). Infection control practices in ambulatory surgical centers. JAMA, 303(22), 2295-2297.
- CDC. (2010). Having surgery? What you should know before you go. Retrieved October 10, 2010, from http://www.cdc.gov/Features/SafeSurgery/
- Flores-Maldonado, A., Medina-Escobedo, C. E., Rios-Rodriguez, H. M. G., & al, e. (2001). Mild perioperative hypothermia and the risk of wound infection. *Archives of Medical Research*, 32, 227-231.
- Hooper, V. D., Chard, R., Clifford, T., Fetzer, S., Fossum, S., Godden, B., . . . Aspan. (2010). ASPAN's evidence-based clinical practice guideline for the promotion of perioperative normothermia: second edition. *Journal of PeriAnesthesia Nursing*, 25(6), 346-365.
- Kurz, A., Sessler, D. I., & Lenhardt, R. (1996). Perioperative normothermia to reduce the incidence of surgical-wound infection and shorten hospitalization. Study of Wound Infection and Temperature Group. [see comment]. *New England Journal of Medicine*, 334(19), 1209-1215.
- NPP. (2008). *National priorities and goals: Aligning our efforts to transform American's healthcare*. Washington, DC: National Priorities Partnership.
- Owens, P. L., Barrett, M. L., Raetzman, S., Maggard-Gibbons, M., & Steiner, C. A. (2014). Surgical site infections following ambulatory surgery procedures. *JAMA*, *311*(7), 709-716. doi: 10.1001/jama.2014.4
- Perencivich, E. N., Sands, K. E., Cosgrove, S. E., Guadangoli, E., Meara, E., & Platt, R. (2003). Health and economic impact of surgical site infections diagnosed after hospital discharge. *Emerging Infectious Diseases*, 9(2), 196-203.
- Pikus, E., & Hooper, V. D. (2010). Postoperative Rewarming: Are There Alternatives to Warm Hospital Blankets. *Journal of PeriAnesthesia Nursing*, *25*(1), 11-23.
- SCIP. (n.d.). Quality Net: Surgical Care Improvement Project. Retrieved February 8, 2009, from http://www.qualitynet.org/dcs/ContentServer?c=MQParents&pagename=Medqic%2FContent%2FParentShellTemplate&cid=1137346750659&parentName=TopicCat



Questions



